# Incident, Injury, and Illness Report

Each incident should be investigated to prevent reoccurrance. The real cause can often be determined and corrected after a complete investigation, which may include interviews with the injured parties and witnesses, as well as a visit to the scene of the incident.

1. Location of Incident                                      2. Date of Incident

3. Who was injured          4. ❑ Employee  ❑ Non-employee          5. Time of Incident   ❑ AM ❑ PM

6. Length of time with agency          7. Job Title/Occupation   8. Dept. assigned          9. How long at current job

10. What property was damaged                              11. Owned by

12. What was person doing when incident occurred   13. Machine/tool in use          14. What operation


15. How did incident occur, indicate all contributing factors




16. Part of body affected          17. Any prior physical defects ❑ Yes ❑ No          18. If so, what

19. Nature and extent of injury and or property damaged (be specific)


PLEASE INDICATE WHICH OF THE FOLLOWING CONTRIBUTED TO THE ACCIDENT, ILLNESS, OR INCIDENT

| | | |
|---|---|---|
| _____ Improper Instruction | _____ Failure to lookout | _____ Unsafe arrangement or process |
| _____ Lack of training or skill | _____ Unsafe postion | _____ Poor ventilation |
| _____ Operating w/o authority | _____ Improper dress | _____ Improper guarding |
| _____ Horseplay | _____ Improper potective equipment | _____ Improper maintenance |
| _____ Physical or mental impairment | _____ Unsafe equipment | _____ Inoperative safety device |
| _____ Failure to secure | _____ Poor housekeeping | _____ |

20. What action do those involved recommend to prevent similar incidents




21. Supervisor's comments (include the names of witnesses to the incident)




PLEASE CONTINUE ON REVERSE SIDE WITH THE ANALYSIS OF THE INCIDENT

**Document No. 10 04 05 01 10 01**

# Analysis and Review

Please provide honest answers to the questions below. We are not seeking a means to assign blame, but rather seeking ways to prevent repetition.

22. What do you consider the real cause of this incident

_____

_____

_____

Review comments of Risk Manager

_____

_____

23. What steps are being taken to prevent similar incidents (Ex.: Men instructed to get help with heavy loads)

_____

_____

_____

Review comments of Risk Manager

_____

_____

24. What other steps should be taken to prevent reoccurrences

_____

_____

_____

SUPERVISOR'S PRINTED NAME _____ DEPT. _____

SUPERVISOR'S SIGNATURE _____ DATE _____

Review comments of Risk Manager

_____

_____

_____

_____

_____

RISK MANAGER _____ DATE OF REVIEW _____